



Board of Pharmacy
PO Box 1099
Olympia WA 98507-1099
(360) 236-4843

Fee \$365.00
Not Refundable

Legend Drug Sample Distribution Registration

Section I: Identification

FIRM NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
CONTACT PERSON(S)		
NAME _____		TITLE _____
NAME _____		TITLE _____
24 Hour Telephone Numbers: Day ()		Night ()

NOTE: If you do not have a 24 hour telephone available to respond to inquiries regarding drug sample distribution, please complete the Sample Distributor Registration form DOH 690-077. On that form, you must list the addresses for the sites in Washington at which drug samples are stored. The listing must include the names, addresses and telephone numbers of all persons who are responsible for the distribution of such samples.

List Name, Address and Title of Corporate Officers, Partners or Owner(s).

NAME	ADDRESS	TITLE

Section II: Controlled Substances

Please answer the following questions if your company distributes controlled substances in the state of Washington.

Do individual representatives distribute controlled substance samples? ☐ Yes ☐ No

DEA Registration Number _____

Washington State CSA Registration Number _____

Frequency of your reports to DEA for ARCOS Program: ☐ Quarterly ☐ Monthly ☐ Other (specify) _____

Date next report is due to DEA _____

Section III: Certification

I, _____ certify under penalty of perjury under the laws of the state of Washington to the truth and accuracy of all statements, answers, and representations of the foregoing application, including all supplemental statements. I certify further that the company has provided to all company representatives in Washington a copy of RCW 69.45. I understand that if a registered manufacturer fails to comply with this Chapter, following notification by the Board, said manufacturer may be subject to a civil penalty of up to five-thousand dollars.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, 20 _____.

SEAL

Notary Signature _____

For the state of _____

Residing at _____

My Commission Expires _____